

MUNIYAL INSTITUTE OF AYURVEDA MEDICAL SCIENCES

A unit of: Dr. U. Krishna Muniyal Memorial Trust (R)

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Application for Admission to **B.A.M.S. Degree Course**

Recent
Passport Size photo
of the applicant
to be affixed here

		_								
1.	Applicant's Name: (in full and									
	block letters)									
2.	Father's Name:									
3.	a) Name of the Guardian: b) Relationship to the applicant:									
4.										
5. Permanent address of the Father / Guardian:										
6.	Village, Taluk, District to which the applicant belongs:									
7.	Telephone No. with Code:									
8.	Age: Date of Birth: Sex:	Sex:								
	Nationality: Religion: Mother tongue:	Mother tongue:								
9.	Caste-Group to which the Applicant belongs: SC ST A B C D E OTH	ERS								
10.	Annual Income of Parent / Guardian:									
11.	Whether the applicant is vaccinated or pock marked?									
12.	Defects. if any, discovered at the last Medical Examination.									
	Have they been remedied?									
13.										
14.	Month and year of passing Pre-University/Equivalent Exams with Reg. Nos.:									
	Percentages of Marks:									
	Percentages of Marks in optional subjects (II Year PCB):									

15. True Copy of Certificates to be attached at the time of Registration (Tick if attached. Original Certificates to be produced at the time of interview)

Subject

Signature of Principal

No.

1.

2.

Maximum

Marks

- 1. Pre-University / B.Sc. Marks Card
- 2. Conduct Certificate
- 3. Date of Birth Certificate
- 4. Medical Fitness Certificate
- 5. University Eligibility Certificate (For outside Karnataka Candidates)

Maximum

Marks

Signature of The Chairman

Marks

Obtained

6. Migration Certificate (For outside Karnataka Candidates)

Subject

Copy of the Pre-University / Equivalent I & II Year Marks Card

I Year II Year

No.

1.

2.

Marks

Obtained

3.				3.							
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DECLARATION BY THE PARENT / GUARDIAN											
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